

Affidavit Control No.

Surplus Lines Affidavit (Form SL-8)

State of Connecticut
Insurance Department (Rev. 09/2012)

1. Name and Address of Surplus Lines Broker
2. Producing Agent (not agency) 2a. CT License No.
3. Agency Represented 3a. CT License No.
4. Name and Location on Risk
5a. Surplus Lines Insurer(s) and NAIC No.
5b. Surplus Lines Insurer(s) and NAIC No.
5c. Associated Representative
6. Kind of Insurance 6a. Limits 6b. Risk Description
7. Type of Policy 7b. Reason for Placement
8. Premium 8a. Term Premium, Installment, Subject to Audit 8b. Policy Period
9. Does the undersigned broker have on file evidence of declination by three licensed insurers and ineligibility for any residual market mechanism per 38a-741 C.S.G? Yes No Exportable List

AFFIDAVIT BY INSURED

I/We, the named insured, state that on _____, I/We directed the licensed producing agent named on this Surplus Lines Affidavit to obtain insurance coverage described herein; that I/We were informed by said producing agent that he/she made a diligent effort to place this risk with licensed insurers authorized to transact the class of insurance involved and which accept in the usual course of business, insurance on risks of the same class as the risk described herein; and that said companies accepted only part of or no part of the required insurance.

I/We, were further informed by said producing agent that the amount of insurance indicated herein could be obtained from certain insurers not licensed to transact business in the State of Connecticut. I/We therefore directed the producing agent named herein to obtain said insurance through the office of the licensed Surplus Lines Broker named herein. I/We have been advised by the producing agent named herein that such insurance represents only the excess over the amounts procurable from licensed insurers or the Connecticut residual market. I/We have been advised that, in addition to commissions, I/We will be charged a service fee as set out in 9a and 9b below.

9a. Broker Service Fee
9b. Producer Service Fee

Signature of Insured
State of _____
County of _____ SS _____ 20__

Personally appeared before me (insured) _____ and made oath that the above affidavit signed by him/her is true to the best of his/her knowledge and belief.

Notary Public

AFFIDAVIT BY SURPLUS LINES BROKER

I, as a licensed Surplus Lines Broker, authorized to transact insurance with the surplus lines insurer(s) named on this Surplus Lines Affidavit, being duly sworn, depose and declare under the penalties provided for false affidavit that the diligent effort has been made to procure said insurance coverage from licensed insurers which are authorized to transact the class of insurance involved and which accept in the usual course of business, insurance on risks of the same class described herein. This insurance has been procured with the surplus lines insurer(s) named on this Surplus Lines Affidavit, which insurance is only the excess over amounts procurable from licensed insurers.

Signature of Surplus Lines Broker
State of _____
County of _____ SS _____ 20__

Personally appeared before me (broker) _____ and made oath that the above affidavit signed by him/her is true to the best of his/her knowledge and belief.

Notary Public

STATE OF CONNECTICUT
INSURANCE DEPARTMENT

INSTRUCTIONS FOR COMPLETING THE SURPLUS LINES AFFIDAVIT (Form SL-8)

1. Refers to the licensed surplus lines firm and its' Connecticut license number.
2. Refers to the producing agent and his/her Connecticut license number.
3. Refers to the producing agency and its' Connecticut license number.
4. Indicate the name and location of the risk.
5. Identify the "White List" insurer/s through which the business is written. The White list is available on our web site at www.ct.gov/cid. You will find surplus lines insurers among the "List of Licensed Companies, [Approved Reinsurers and Surplus Lines Insurers](#)". A "k" in the type column will indicate the company is a surplus lines insurer. This list is compiled and maintained by the Financial Regulation Division. Identify associated representative (5c).
6. Enter the kind of insurance, limits (6a), and Risk Description (6b). "Risk Description" should identify the type of operation or risk (i.e. manufacturer, complex, etc.)
7. Select new or renewal business. Indicate reason for placement (7b) (i.e. coastal homeowner, vacant.)
8. Indicate the premium and the type of payment (8a). The policy period must show specific effective and expiration dates (b). Indicating "one year" or "six months" is not acceptable.
9. In response to question, select yes, no or exportable list. Indicate the amount of the broker service fee assessed in box 9a. Indicate the amount of the producer service fee assessed in box 9b.

Affidavit control number must be assigned by the surplus lines broker in numerical sequence, beginning with no. 1, followed by a hyphen and the last two digits of the year of the effective date of the policy. The affidavit must bear the notarized signatures of the insured and the broker. Once completed, each affidavit must be filed (scanned and uploaded) through [OPTins](#) within 45 days of the inception date of the policy, as per Section 38a-741(b) C.G.S. Failure to adhere to filing deadlines may result in administrative action.

www.ct.gov/cid

P.O. Box 816 Hartford, CT 06142-0816

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